



OFFICIAL REQUEST FOR DOD PRODUCTION ASSISTANCE

In order to evaluate your request for DoD assistance, please provide the following information:

PRODUCTION INFO:

Project title/Working title:

Date of request:

PRODUCER/ PRODUCTION POINT OF CONTACT (POC):

Name:

Company:

Title:

Address:

City: State:

Zip code

Country:

Email:

Phone Number:

WHAT IS THE DISTRIBUTION PLAN FOR THE PRODUCTION? (Name of distributor/network):

IS PRODUCTION FULLY FUNDED?: ____ Yes ____ No

SYNOPSIS (brief narrative description/treatment of the project):

SPECIFIC REQUEST (assistance requested from DoD):

REQUESTED PRODUCTION START DATE-*Please allow a minimum of fourteen (14) days to process after approval is granted:*

WEBSITE LINKS:

NOTES (any additional information to support your request):

Upon receipt of the above information, we will evaluate your request and respond with our decision. This document and other records relating to DoD assistance may be subject to disclosure pursuant to the Freedom of Information Act, 5 U.S.C. § 552